

<p align="center"><b>School of Surgery Visit to</b>  <b>Papworth Hospital NHS Foundation Trust</b>  <b>Visit Report</b>  <b>1<sup>st</sup> March 2016</b></p>	
<b>Deanery representatives:</b>	<p><b>Mr Raaj Praseedom</b> - Training Programme Director, General Surgery Specialist Training Committee and Regional Surgical Advisor</p> <p><b>Mr Raymond Marlborough</b> - Regional Coordinator, The Royal College of Surgeons of England</p> <p><b>Miss Emma Gray</b> - Training Programme Director, Core Surgery Specialist Training Committee</p>
<b>Trust representatives :</b>	<p><b>Stephen Bridge</b> Chief Executive</p> <p><b>Roger Hall</b> Medical Director</p> <p><b>Yasir Abu Omar</b> Surgical Lead &amp; TPD for ST3+</p> <p><b>Aman Coonar</b> RCS College Tutor</p> <p><b>Sheila Turner</b> Medical Education</p>
<b>Number of trainees &amp; grades who were met:</b>	<p><b>Met with 6 trainees</b></p> <p><b>Core Surgical Trainees (2)</b></p> <p>CT1 x 2 General Surgery</p> <p><b>Higher Surgical Trainees (4)</b></p> <p>ST4 x 1</p> <p>ST7 x 2</p> <p>ST8 X 1</p>

<b>Purpose of visit :</b>
In accordance with the review of the delivery of surgical training in all Trusts in the East of England, a visit was undertaken at Papworth Hospital NHS Foundation Trust on <b>1<sup>st</sup> March 2016</b> . This visit planned by the School of Surgery provided the chance to review the delivery of both core training and higher surgical training in Cardiothoracic surgery at Papworth Hospital

<b>Strengths:</b>
<p>Papworth Hospital provides highly specialised tertiary referral services regionally and supra regionally in addition to standard cardiac and thoracic surgery services. The move to New Papworth Hospital at the Addenbrooke's site is at an advanced stage and is expected to take place in roughly 700 days from now.</p> <ul style="list-style-type: none"> <li>• AES meet with their trainees four times per year.</li> <li>• Each AES has 2 to 3 trainees.</li> </ul>

- The AES are trained to fulfil their role
- The AES is assigned locally by the TPD
- There are generally good ARCP results but occasionally some outcome 5s as well

There is regional teaching for half a day every month. The teaching is organised and published a year ahead and is based at Papworth.

The hospital's ALERT Nurses are working well and provide an excellent emergency service

The Alert Nurse team consists of fifteen nurses with two on duty during daytime and one during night time.

#### **Higher Trainees:**

The visiting team met with 4 higher surgical trainees all of whom had already spent a long time at Papworth (average 8 years). All the higher trainees were extremely satisfied with their training at Papworth. They commented very positively on local teaching, regional teaching, training in theatres and the wet lab courses. They felt that higher training at Papworth was phenomenally well organised and delivered. They had good access to study leave and felt well supported. They also commented very positively on the Papworth initiative to give at least 6 months off the rota towards the end of higher surgical training and manage the rota from a senior level. It was felt that this made them more prepared to take on the consultant role eventually. It was clear that the higher surgical training at Papworth was second to none.

#### **Core trainees**

The visiting team met with 2 core trainees who had been at Papworth for around 5 weeks only.

They commented on the easy availability of senior help when required. The core trainees also commented on the friendly and encouraging atmosphere at Papworth. They commented that the local teaching was good. It was also abundantly clear that there were lots of training opportunities available for core trainees which were not being utilised. They felt that Mr Coonar the surgical tutor was extremely helpful and was trying very hard to help them.

#### **Areas for Development:**

The higher surgical training at Papworth appears to be excellent. There are however issues with Core training.

The visitors asked the trust team and the core trainees about the SMART criteria - reiterated below These criteria are the yardstick whereby Core Training is judged.

- 1: All trainees need to spend an average of four operating sessions per week in theatre.
2. All trainees to attend at least one out patient session per week (alternatively five sessions per week of consultant supervised clinical activity).

3. All trainees to receive at least two hours of structured teaching per week.
4. All trainees must have learning agreements and an assigned educational supervisor.
5. All trainees must do one work placed based assessment per week.

When explored on the SMART criteria for Core Surgical Training, it was very clear that the 2 CSTs were not achieving the numbers with respect to theatre sessions and clinics.

They felt that they did not have ownership of the rota and that it came directly from HR (the trust team clarified that the rota had input from the previous trainees going through the rotation). Currently the rota is short-handed (For e.g. there was no on-call person for the current week and a post has been vacant since December) and the CSTs have been asked to sort it out by HR.

The core trainees are currently not attending clinics or MDTs in a regular fashion.

They felt that they spent a lot of time on completing a lot of proformas /clerking sheets (especially those which have been inadequately filled by the pre admission clinic), taking consent for tissue (for which they feel that they are not trained for) and clerking on Sundays.

They also felt that changing teams every week was unhelpful. The core trainees mentioned that though they knew all the registrars, they would not recognise any consultants other than Mr Coonar.

#### Significant concerns:

There were no concerns at all with the Higher Surgical Trainees.

The situation with the Core Trainees requires urgent attention to allow the Core training to meet the SMART criteria.

#### Requirements:

An action plan within 3 months addressing the following issues.

1. A timetable for the Core trainees with specific theatre time and clinic access to meet the core criteria.
2. It needs to be urgently recognised that the core trainees are not responsible for sorting out gaps in the rota.
3. Processes need to be put in place for relieving core trainees from some of the clerking/proforma filling duties.

#### Recommendations:

Some of the above issues arise due to lack of a sense of belonging and it would be useful for the Trust to see how this might be achieved for the core trainees.

<b>Action Plan to Health Education East of England by:</b>	
An action plan is required by July 2016	
<i>Further targeted visit to explore <u>core</u> training issues during the latter half of 2017</i>	
<b>Revisit:</b>	<b>Autumn 2017</b>

**Visit Lead: Mr Raaj Praseedom****Date: 29/03/2016**